(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The State Medical Councils which grant registration to practitioners are empowered to take action where called for against Quacks. The provisions exist in the Indian Medical Council Act, 1956 and Indian Medicine Central Council Act, 1970 and Homoeopathy Central Act, 1973 to take action against unqualified/ unregistered practitioners of medicine. Any person who acts in contravention of the provision can be punished with impresonment and fine under respective Acts. Since, the responsibility of enforcement of the statutory provisions is that of concerned State Governments, no data on quacks/fake medical paractitioners is maintained by the Central Government.

Unafordable hospital expenses

882. SHRI V. NARAYANASAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a survey conducted by the National Council for applied Research, New Delhi has revealed that one earning member of household if hospitalized pushes the middle class house hold below poverty line; and

(b) if so, the measures Government is taking to protect the family of ailing bread earner of the family.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The National council of Applied Economic Research (NCAER) in association with the Max New York conducted a Survey in the country with a probability sample comprising 63,016 households spread over 1976 villages. One of the main objectives of the study was to understand the significance and potential of life insurance as a risk monitoring tool for Indian household. According to survey "when hardship fall on Indian households (such as the death of the chief earner or a major illness in the family), most households draw down on current savings". The survey further indicates that about 4% of the households are in a position to sustain themselves beyond a year if they lost their major source of household income. Government of India however is not associated with the above survey.

(b) Measures initiated to provide effective healthcare facilities, include inter-alia:

- Launching of the National Rural Health Mission in April, 2005 to provide accessible, affordable and reliable health care especially to the poor and vulnerable sections of the society;
- Strengthening of Primary and Secondary health infrastructure and improving service delivery system in the country;
- Strengthening of tertiary health care through Pradhan Mantri Swasthya Suraksha Yojana (PMSSY);
- Implementation of several Centrally Sponsored disease control programmes like National Vector Borne Disease Control Programme, National Blindness Control Programme, National T.B. Control Programme, National AIDS Control Programme, National Cancer Control Programme (including Tobacco Free Initiatives) etc.;

- Lending support to customized health insurance schemes initiated by the states under National rural Health Mission (NRHM).

Recruitment of ASHAs

883. SHRIMATI BRINDA KARAT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) how many ASHA's have been recruited till now;

(b) the details of their work responsibilities; and

(c) their average remuneration per month?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) 5.43 lakh ASHAs/Link workers have been selected so far.

(b) ASHA is a health activist in the community to create awareness on health, its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. Her roles and responsibilities are (i) to create awareness, (ii) To counsel (iii) to mobilize the community and facilitate them in accessing health and health related services, (iv) to work with the Village Health & Sanitation Committee of the Gram Panchayat, (v) Escort and accompany pregnant women & children requiring treatment, (vi) Provide primary medical care for minor illness, (vii) To act as a depot holder for essential provisions (viii) To inform about births and deaths and (ix) to promote construction of household toilets under total sanitation campaign.

(c) ASHA is an honorary volunteer and would not paid any salary or honorarioum. However, ASHA is being compensated for her time in the following situation:

- For duration of training in terms of TA and DA
- For participating in monthly/bi-monthly meetings for udertaking specific health or other social sector programmes with measurable outputs. (Disbursement of compensation to ASHA will be made as per specific payment mechanism built into individual programmes)
- The average remuneration depends on the total performance based payments the the ASHA is entitled to as per the work done by her. It can vary from village to village and ASHA to ASHA.

Promotion of khadi and village industry

†884. SHRI JAI PARKASH AGGARWAL: Will the Minister of MICRO, SMALL AND MEDIUM ENTERPRISES be pleased to state:

(a) the steps taken by Government for the promotion of khadi and village industry every year during the last three years;

(b) whether Government has allocated any fund for this purpose to the State Governments during the above said period;

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†Original notice of the question was received in Hindi.